Home Education Evaluation

	Name of Evaluator	•
	Evaluator's Street Address	
	City, State, Zip	
	Telephone	
	Email (Optional)	
Student:	Grade/Age:	!
Supervisor:		School Year:
to a student enrolled 180 days or Student ins	n 1327.1 of the Pennsylvania d in a home education progr 900 (elementary)/990 (secon tructed in the required subj	am: ndary) hours completed ects.
Testing in g	grades 3,5, and 8, as required	l
I have interviewed _		and have reviewed
and the subjects cov required subjects fo progress in the over	portfolio containing a samp vered. The student has been or the required time and has rall program. Therefore, I he ion is occurring in the home	instructed in the demonstrated sustained ereby certify that an
Respectfully submit	ted,	
Pa. Cert#:	_	